

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

**Caption in Compliance with D.N.J. LBR 9004-1(b)**

Law Offices of Nona L. Ostrove, LLC  
1000 White Horse Road, Suite 703  
Voorhees, NJ 08043  
(856) 566-4200; FAX (856) 566-4203  
By: Nona L. Ostrove, Esq. NO 2942  
Attorneys for Ernest Young

In Re:

Ernest Young  
Debtor(s)

Case No.: 17-23830

Chapter: 13

Adv. No.:

Hearing Date:

Judge: JNP

**CERTIFICATION OF SERVICE**

1. I, Kathleen Josaphouitch :

☐ represent \_\_\_\_\_ in this matter.

☒ am the secretary/paralegal for Nona L. Ostrove, Esq., who represents  
Ernest Young in this matter.

☐ am the \_\_\_\_\_ in this case and am representing myself.

2. On January 4, 2019, I sent a copy of the following pleadings and/or documents  
to the parties listed in the chart below.

Fee application

3. I certify under penalty of perjury that the above documents were sent using the mode of service  
indicated.

Date: January 4, 2019

/s/ Kathleen Josaphouitch  
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Ernest Young 420 Myrtle Ave. Lindenwold, NJ 08021	Debtor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)